

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000081665

FILED
Feb 27, 2007
Secretary of State

Entity Name: CHAPMAN & ASSOCIATES THERAPY SOLUTIONS, LLC

Current Principal Place of Business:

3480 RAVENCREEK LANE
OVIEDO, FL 32766

New Principal Place of Business:

561 E MITCHELL HAMMOCK RD
#400
OVIEDO, FL 32765

Current Mailing Address:

PO BOX 622437
OVIEDO, FL 32762

New Mailing Address:

561 E MITCHELL HAMMOCK RD
#400
OVIEDO, FL 32765

FEI Number: 87-0735044

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHAPMAN, ASHLEY B
3480 RAVENCREEK LANE
OVIEDO, FL 32766 US

Name and Address of New Registered Agent:

CHAPMAN, ASHLEY B
561 E MITCHELL HAMMOCK RD
#400
OVIEDO, FL 32765 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ASHLEY B CHAPMAN

02/27/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CHAPMAN, CALEB S
Address: 3480 RAVENCREEK LANE
City-St-Zip: OVIEDO, FL 32766

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: DIR (X) Change () Addition
Name: CHAPMAN, CALEB S
Address: 561 E MITCHELL HAMMOCK RD, #400
City-St-Zip: OVIEDO, FL 32765

Title: DIR () Change (X) Addition
Name: CHAPMAN, ASHLEY B
Address: 561 E MITCHELL HAMMOCK RD, #400
City-St-Zip: OVIEDO, FL 32765

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CALEB CHAPMAN

DIR

02/27/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date